## 1503-143-1076

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## REPORT OF RECEIPTS AND DISBURSEMENTS

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For Other Than An Authorized Committee Office Use Only NAME OF TYPE OR PRINT ▼ Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. Medicinal Cannabus Superplan ADDRESS (number and street) Check if different than previously reported. (ACC) CITY A STATE A ZIP CODE A 2. FEC IDENTIFICATION NUMBER ▼ 3. IS THIS NEW **AMENDED** OR REPORT (N) (A) 4. TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug:20 (M8) (Non-Election Year Only) Report (Choose One) ... Due On: Dec 20 (M12) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Runoff (12R) Primary (12P) General (12G) July 15 **PRE-Election** Quarterly Report (Q2). Special (12S) Convention (12C) Report for the: October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year (d) 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: ·Termination Report (TER) in the Election on State of 01/2015 5. Covering Period through October 15 10 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109. Office FEC FORM 3X